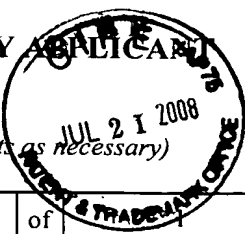


Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <div style="text-align: center;">  <i>(use as many sheets as necessary)</i> </div>			COMPLETE IF KNOWN	
Application Number		10/551,709		
Filing Date		October 3, 2005		
First Named Inventor		Nicholas D. P. Cosford		
Group Art Unit		1625		
Examiner Name				
Sheet	1	of	Attorney Docket Number MS0035YP	

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Examiner Initials*	Cite No.	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY
		Number	Kind Code (if known)		
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Examiner Initials*	Cite No.	Foreign Patent Document			Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY
		Office	Number	Kind Code (if known)		

Examiner Signature		Date Considered	
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*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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